

Fill in this information to identify your case

United States Bankruptcy Court for the  
Western District of New York

Case #17-2

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an  
amended filing

Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together - called a *joint case* - and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1:

## Identify Yourself

### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

**Nicole**

First name

**M.**

Middle name

**Miller**

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

### 2. All other names you have used in the last 8 years

Include your married or maiden names.

**Nicole**

First Name

**M.**

Middle name

**Miller-Foley**

Last name

(Note: debtor never used this name; it appears in this fashion on an IRS notice)

### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - **9467**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b>  Include trade names and doing business as names	<input checked="" type="checkbox"/> I have not used any business names or EINs.	
	Business name	
	Business name	
	- EIN	
	- EIN	
<b>5. Where you live</b>	<b>63 Florence Avenue</b>	
	Number Street	
	<b>Rochester NY 14616</b>	
	City State ZIP Code	
	<b>Monroe</b>	
	County	
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	
	Number Street	
	P. O. Box	
	City State ZIP Code	
<b>6. Why you are choosing <i>this district</i> to file for bankruptcy</b>	Check one:  <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)	

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

**8. How you will pay the fee**

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☐ No. Go to line 12.

☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

**Part 3:****Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full - or part-time business?**☒ **No. Go to Part 4.**☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ **No. I am not filing under Chapter 11.**☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4:****Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ **No**☐ Yes. What is the hazard? \_\_\_\_\_  
\_\_\_\_\_If immediate attention is needed, why is it needed? \_\_\_\_\_  
\_\_\_\_\_

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

**Part 5:****Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

*You must check one:*

**[X] I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**[ ] I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

**[ ] I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**[ ] I am not required to receive a briefing about credit counseling because of:**

**[ ] Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**[ ] Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**[ ] Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☒ No. Go to line 16b.

☐ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☒ No. Go to line 16c.

☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

Tax debt

**17. Are you filing under Chapter 7?**

☐ No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

☒ **Yes.** I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

☒ **No**

☐ Yes

**18. How many creditors do you estimate that you owe?**

☒ **1-49**

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**19. How much do you estimate your assets to be worth?**

☐ \$0-\$50,000

☐ \$50,001-\$100,000

☒ \$100,001-\$500,000

☐ \$500,001-\$1 million

☐ \$1,000,001-\$10 million

☐ \$10,000,001-\$50 million

☐ \$50,000,001-\$100 million

☐ \$100,000,001-\$500 million

☐ \$500,000,001-\$1 billion

☐ \$1,000,000,001-\$10 billion

☐ \$10,000,000,001-\$50 billion

☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

☐ \$0-\$50,000

☐ \$50,001-\$100,000

☒ \$100,001-\$500,000

☐ \$500,001-\$1 million

☐ \$1,000,001-\$10 million

☐ \$10,000,001-\$50 million

☐ \$50,000,001-\$100 million

☐ \$100,000,001-\$500 million

☐ \$500,000,001-\$1 billion

☐ \$1,000,000,001-\$10 billion

☐ \$10,000,000,001-\$50 billion

☐ More than \$50 billion

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X**

/s/ Nicole M. Miller

Signature of Debtor 1

Executed on 12/14/2017

MM / DD / YYYY

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X** /s/ Peter Scribner Date: 12/14/2017  
Signature of Attorney for Debtor

Peter Scribner  
Printed name

Law Office of Peter Scribner  
Firm name

1110 Park Avenue  
Number Street

Rochester, NY 14610  
City State ZIP Code

Contact phone: 585-261-6461 Email address: scribnerpeter@gmail.com

NONE New York  
Bar number State

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1 Summarize Your Assets

**Your assets**  
Value of what you own

1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$104,000.00
1b. Copy line 62, Total personal property, from Schedule	\$5,441.00
1c. Copy line 63, Total of all property on Schedule A/B	<b>\$109,441.00</b>

### Part 2 Summarize Your Liabilities

**Your liabilities**  
Amount you owe

2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$65,096.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$178,933.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$147,107.00
<b>Your total liabilities</b>	<b>\$391,136.00</b>

### Part 3 Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$2,038.00
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$2,272.00



**Part 4****Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes.

**7. What kind of debt do you have?**

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$1,731.10****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$1,575.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$1,575.00</b>

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? *Examples include your residential home, condominium, manufactured or mobile home, vacation or hunting property, vacant land, investment property, timeshare, or an interest in property owned by parents or other family members.*

☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1. 63 Florence Avenue

Street address, if available, or other description

Rochester NY, 14616

City State ZIP Code

Monroe

County

**What is the property?** Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other:

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the  
entire property?**  
\$104,000.00

**Current value of the  
portion you own?**  
\$104,000.00

**Describe the nature of your ownership interest  
(such as fee simple, tenancy by the entireties,  
or a life estate), if known. Fee interest**

☐ Check if this is community property (see  
instructions)

**Other information you wish to add about this item, such as local property identification number:**  
See deed recorded in the Monroe County Clerk's Office on 2/15/2007 in book 10422 of deeds, page 314

Subject to a Seterus Mortgage in the amount of \$65,096.00

Other liens:

Sales tax warrant 2013 (current balance): \$170,255.00

Judgment liens (including estimated judgment interest):

American Express Centurion 2010/07/06: \$42,714.00

Capital One 2010/12/21: \$8,031.00

Riverwalk Holding 2010/12/14: \$11,443.00

Midland Funding 2011/02/09 \$4,805.00

Discover Bank 2015/11/04: \$10,807.00

Midland Funding 2016/01/12: \$1,412.00

Total judgment liens: \$79,212

Valuation is tax assessment

(Federal homestead exemption)

2. Add the dollar value of the **portion you own** for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

**\$104,000.00**

**Part 2: Describe Your Vehicles**

carcar

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: *Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No  
☒ Yes

**3.1** Make: **Volkswagen**Model: **Beetle**Year: **2002**Approximate mileage: **79k****Who has an interest in the property?** Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?****Current value of the portion you own?**

Other information:

Scheduled value is half way between NADA 'clean retail' \$3,325.00 and 'clean trade-in' \$1,950 (*Motor vehicle exemption*)

\$ 2,650.00\$ 2,650.00

If you own or have more than one, describe here:

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☐ Yes  
☒ No

**5.** Add the dollar value of the **portion you own** for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here. ....→

**\$2,650.00**

**Part 3: Describe Your Personal and Household Items****Current value  
of the portion  
you own?**Do not deduct  
secured claims or  
exemptions**Do you own or have any legal or equitable interest in any of the following items?****6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware*☐ No☒ Yes. Describe.

Household goods exemption assets: Average and typical household goods, furnishings, and kitchenware for an average three bedroom house (debtor lives alone)

\$2,000.00

**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*☐ No☒ Yes. Describe.7.1: Household goods exemption electronics: (1) TV; Old (2007) Dell Desktop computer & printer (Note: cell phone and iPad leased from Sprint; see schedule G); **TOTAL VALUE: \$100**

\$110.00

7.2: Non Household goods exemption electronics: DVD player, nine years old  
**TOTAL VALUE: \$10****8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*☐ No☒ Yes. Describe.

30 Books (Household goods exemption):

\$30.00

**9. Equipment for sports and hobbies***Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments*☒ No☐ Yes. Describe.

\$0.00

**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment*☒ No☐ Yes. Describe.

\$0.00

**11. Clothes***Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories*☐ No☒ Yes. Describe.

\$500.00

**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver*☐ No☒ Yes. Describe.

Costume jewelry only: (2) rings; (10) necklaces; (15 pr) earrings; watch, bought for \$50

\$100.00

**13. Non-farm animals***Examples: Dogs, cats, birds, horses*☒ No☐ Yes. Describe.

(1) pet dog

\$1.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Describe.

\$0.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3.**

\$2,741.00

**Write that number here** .....→

**Part 4: Describe Your Financial Assets****Current value  
of the portion  
you own?**Do not deduct  
secured claims or  
exemptions**Do you own or have any legal or equitable interest in any of the following items?**

16. <b>Cash</b> <i>Examples:</i> Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes .....	Cash.....	\$50.00
17. <b>Deposits of money</b> <i>Examples:</i> Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes .....	Institution name	\$0.00
18. <b>Bonds, mutual funds, or publicly traded stocks</b> <i>Examples:</i> Bond funds, investment accounts with brokerage firms, money market accounts  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes .....	Institution name	\$0.00
19. <b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes .....	Name of entity: % of ownership	\$0.00
20. <b>Government and corporate bonds and other negotiable and non-negotiable instruments</b> <i>Negotiable instruments</i> include personal checks, cashiers' checks, promissory notes, and money orders. <i>Non-negotiable instruments</i> are those you cannot transfer to someone by signing or delivering them.  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Give specific information about them.	Issuer name:	\$0.00
21. <b>Retirement or pension accounts</b> <i>Examples:</i> Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes List each account separately.	Type of account: Institution name:	\$0.00
22. <b>Security deposits and prepayments</b> Your share of all unused deposits you have made so that you may continue service or use from a company <i>Examples:</i> Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Institution name or individual:	\$0.00
23. <b>Annuities</b> (A contract for a periodic payment of money to you, either for life or for a number of years)  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes .....	Issuer name and description:	\$0.00
24. <b>Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.</b> 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes .....	Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):	\$0.00
25. <b>Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Give specific information about them.		\$0.00

26.	<b>Patents, copyrights, trademarks, trade secrets, and other intellectual property</b> <i>Examples: Internet domain names, websites, proceeds from royalties and licensing agreements</i>											
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Give specific information about them.	\$0.00										
27.	<b>Licenses, franchises, and other general intangibles</b> <i>Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses</i>											
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Give specific information about them.	\$0.00										
Money or property owed to you?		<b>Current value of the portion you own?</b> <small>Do not deduct secured claims or exemptions</small>										
28.	Tax refunds owed to you  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information about them, including whether you already filed the returns and the tax years .....	<div style="border: 1px solid black; height: 60px; width: 350px; margin: 0 auto;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Federal:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>State:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>Local:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> </table>	Federal:	\$0.00	State:	\$0.00	Local:	\$0.00				
Federal:	\$0.00											
State:	\$0.00											
Local:	\$0.00											
29.	<b>Family support</b> <i>Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement</i>											
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information.....	<div style="border: 1px solid black; height: 60px; width: 350px; margin: 0 auto;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Alimony:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>Maintenance:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>Support:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>Divorce settlement:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>Property settlement:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> </table>	Alimony:	\$0.00	Maintenance:	\$0.00	Support:	\$0.00	Divorce settlement:	\$0.00	Property settlement:	\$0.00
Alimony:	\$0.00											
Maintenance:	\$0.00											
Support:	\$0.00											
Divorce settlement:	\$0.00											
Property settlement:	\$0.00											
30.	<b>Other amounts someone owes you</b> <i>Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else</i>											
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information.....	\$0.00										
31.	<b>Interests in insurance policies</b> <i>Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance</i>	Surrender or refund value:										
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Name the insurance company of each policy and list its value .....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Company name:</td> <td style="width: 30%;"></td> <td style="width: 30%;">Beneficiary:</td> <td style="width: 10%;"></td> </tr> </table>	Company name:		Beneficiary:							
Company name:		Beneficiary:										
32.	<b>Any interest in property that is due you from someone who has died</b> If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.											
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information .....	\$0.00										
33.	<b>Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment</b> <i>Examples: Accidents, employment disputes, insurance claims, or rights to sue</i>											
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe each claim .....	\$0.00										
34.	<b>Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims</b>											
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe each claim .....	\$0.00										
35.	<b>Any financial assets you did not already list</b>											
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information .....	\$0.00										
36.	<b>Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here</b> ..... →	\$50.00										

**Part 5: Describe Any Business-related Property You Own or Have an Interest In.** List any real estate in Part 1**37. Do you own or have any legal or equitable interest in any business-related property?**

Examples: Accounts receivable, business-related commissions, business office equipment, furnishings, machinery, fixtures, supplies you use in business, tools of your trade, business inventory, customer lists, mailing lists, or other compilations

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** .....

\$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** .....

\$0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?** Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here** .....

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55.	Part 1: Total real estate, line 2 .....	→	\$104,000.00
56.	Part 2: Total vehicles, line 5	\$2,650.00	
57.	Part 3: Total personal and household items, line 15	\$2,741.00	
58.	Part 4: Total financial assets, line 36	\$50.00	
59.	Part 5: Total business-related property, line 45	\$0.00	
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61.	Part 7: Total other property not listed, line 54	\$0.00	
62.	Total personal property. Add lines 56 through 61. ....	\$5,441.00	Copy personal property total .....→ \$5,441.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62.....		\$109,441.00

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2 For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	Homestead 60 Florence Ave. Rochester NY 14616	\$104,000	<input checked="" type="checkbox"/> \$ <u>82,775.00</u>	NY D&C §282(i) and NY CPLR §5206(a)
Line from Schedule A/B:	1.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Motor vehicle: 2002 Volkswagen Beetle (Debtor 1)	\$2,650	<input checked="" type="checkbox"/> \$ <u>4,425</u>	NY D&C §282(iii)(1)
Line from Schedule A/B:	3.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Household goods	\$2,000	<input type="checkbox"/> \$ <u>          </u>	NY D&C §282(i) and NY CPLR §5205(a)(1 & 5)
Line from Schedule A/B:	6.		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Electronics (Household good exemption)	\$100	<input type="checkbox"/> \$ <u>          </u>	NY D&C §282(i) and NY CPLR §5205(a)(5)
Line from Schedule A/B:	7.1		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3 Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No.

☐ Yes



**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.		Specific laws that allow exemption
Brief description:	Books (Household goods exemption)	\$30	<input type="checkbox"/> \$	550	NY D&C §282(i) and NY CPLR §5205(a)(2)
Line from Schedule A/B:	8.		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		
Brief description:	Clothing (household goods exemption)	\$500	<input type="checkbox"/> \$		NY D&C §282(i) and NY CPLR §5205(a)(5)
Line from Schedule A/B:	11.		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		
Brief description:	Art & Jewelry exemption: Other jewelry	\$100	<input type="checkbox"/> \$		NY D&C §282(i) and NY CPLR §5205(a)(6)
Line from Schedule A/B:	12.		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit		

Supplement to Schedule C: Analysis by exemption categories (New York exemptions)	Category	Total Value of Claimed Exemptions*	Exempt asset Total value
Homestead	Homestead	\$82,774.00	\$104,000.00
Motor Vehicle	Motor vehicle	\$4,425.00	\$2,650.00
\$2,000 Household goods \$100 Household good electronics \$500 Clothing	Household goods	\$12,250.00	\$2,600.00
Jewelry	Jewelry	\$1,100.00	\$100.00
Books	Books	\$500.00	\$30.00
Total exemptions:		\$101,049.00	

\*For exemptions with an applicable statutory limit, such as NY D&C §282(i), the 'Total Value of Claimed Exemptions' is the maximum statutory limit. For retirement accounts and other such assets with no limit, or extremely high limit, the 'Total Value of Claimed Exemptions' is the actual value of the asset, which is claimed fully exempt.

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1 Do any creditors have claims secured by your property?**

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

### Part 1: List All Secured Claims

**2 List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1

**Describe the property that secures the claim:**

\$65,096.00

\$104,000.00

\$0.00

Seterus, Inc.  
PO Box 11790  
Newark NJ 07101-4790

Mortgage against 63 Florence Avenue; Rochester NY 14616; see mortgage recorded on 2/15/2007 in the Monroe County Clerk's Office in Book 21021 of mortgages, page 407

**As of the date you file, the claim is:** Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who owes the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

☐ Check if this claim relates to a  
community debt

Date debt was incurred: 2007

Last 4 digits of account number: 9411

**Add the dollar value of your entries in Column A on this page. Write that number here:**

\$65,096.00

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

\$65,096.00

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

NONE

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

1 Do any creditors have priority unsecured claims against you? *Examples: Domestic support obligations such as alimony, spousal maintenance or child support, Taxes owed the government*  
☐ No. Go to Part 2.  
☒ Yes.

2 List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	Priority creditor name and address:  <b>Internal Revenue Service Insolvency Section Post Office Box 7346 Philadelphia, PA 19101-7346</b>  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: <u>9467</u> When was the debt incurred? <u>2014-2016</u>  2016: \$2,450 2015: \$2,413 2014: \$2,076  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$6,939.00	\$6,939.00	\$0.00

	Total claim	Priority amount	Nonpriority amount
<b>2.2</b> Priority creditor name and address:  <b>NYS Dept. of Taxation &amp; Finance</b> <b>Bankruptcy Unit</b> <b>PO Box 5300</b> <b>Albany NY 12205-0300</b>  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: <u>9467</u> When was the debt incurred? <u>Thru 2016</u>  Sales tax \$170,255 2016 income: \$461 2015 income: \$515 2014: income: \$301 2013: income: \$462  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$171,994.00	\$171,994.00
		\$0.00	

## Part 2: List All of Your NONPRIORITY Unsecured Claims

**3** Do any creditors have nonpriority unsecured claims against you?  
☐ No. Go to Part 2.  
☒ Yes.

**4** List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
<b>4.1 ACM Medical Laboratories</b> <b>160 Elmgrove Park</b> <b>Rochester, NY 14624</b>  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: 7858  When was the debt incurred? 2012  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Medical debt
	\$259.00
<b>4.2 American Express Centurion Bank</b> <b>4315 S. 2700 West</b> <b>Salt Lake City UT 84184</b>  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: 1003  When was the debt incurred? 2010  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: 2010 judgment (including estimated judgment interest)
	\$42,714.00

			Total claim
4.3	<b>ASCAP</b> <b>PO Box 331608</b> <b>Nashville TN 37203-7515</b>	Last 4 digits of account number: 3835  When was the debt incurred? 2010	\$21.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim relates to a community debt		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Business debt from NM Squared	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.4	<b>Borg &amp; Ide Imaging</b> <b>PO Box 1279</b> <b>Buffalo NY 14240-1279</b>	Last 4 digits of account number: 9561  When was the debt incurred? 2011	\$177.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim relates to a community debt		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Medical debt	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.5	<b>Capital One Bank</b> <b>PO Box 71107</b> <b>Charlotte NC 28272-1107</b>	Last 4 digits of account number:  When was the debt incurred? 2010	\$8,031.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim relates to a community debt		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction; 2010 judgment (including estimated judgment interest)	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	<b>Cintas Rochester</b> <b>2005 Brighton Henrietta</b> <b>Townline</b> <b>Rochester, NY 14623</b>	Last 4 digits of account number: 2106  When was the debt incurred? 2011	\$1.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim relates to a community debt		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Possible personal liability on a corporate account (NM Squared, Inc. dba Panorama Night Club)	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

			Total claim
4.7	<b>Citizens Bank</b> <b>Customer Service Department</b> <b>PO Box 7092</b> <b>Bridgeport, CT 06601</b>	Last 4 digits of account number:  When was the debt incurred? 2008	\$1.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: For notification only: Consumer loan, credit card or other consumer transaction; statute of limitations has run; credit report showed \$4,960 balance in 2008	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.8	<b>Clipper Magazine</b> <b>3708 Hempland Road</b> <b>Mountville, PA 17554</b>	Last 4 digits of account number:  When was the debt incurred? 2011	\$1.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Possible personal liability on a corporate account (NM Squared, Inc. dba Panorama Night Club)	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.9	<b>Culley Marks Tanenbaum</b> <b>36 Main Street West Suite 500</b> <b>Rochester, NY 14614</b>	Last 4 digits of account number: 0516  When was the debt incurred? <2013	\$2,217.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Legal services	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.10	<b>Culligan</b> <b>1475 N. Clinton Ave.</b> <b>Rochester NY 14621</b>	Last 4 digits of account number: 4073  When was the debt incurred? >2017	\$1,606.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

			Total claim
4.11	<b>Discover Bank</b> <b>PO Box 71084</b> <b>Charlotte NC 28272-1084</b>	Last 4 digits of account number:  When was the debt incurred? 2015	\$10,807.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction; 2015 judgment (including estimated judgment interest)	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.12	<b>Empire Merchants North, LLC</b> <b>200 Dunn Road</b> <b>Lyons NY 14489</b>	Last 4 digits of account number:  When was the debt incurred? 2013	\$3,411.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another (NM Squared)		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Liquor distributor (business debt; co-debtor NM Squared, Inc.; judgment 2013; including estimated judgment interest)	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.13	<b>Firestone</b> <b>Credit First NA</b> <b>PO Box 81344</b> <b>Cleveland OH 44188-0344</b>	Last 4 digits of account number: 3570  When was the debt incurred?	\$525.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.14	<b>Goldgeier, Mark; MD</b> <b>Building A, Suite 200</b> <b>919 Westfall Rd</b> <b>Rochester, NY 14618</b>	Last 4 digits of account number: 0556  When was the debt incurred? <2013	\$270.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Medical debt	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

			Total claim
4.15	<b>Home Depot Credit Services</b> <b>PO Box 9001010</b> <b>Louisville KY 40290-1010</b>	Last 4 digits of account number: 6095  When was the debt incurred? <2013	\$9,774.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim relates to a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction	
4.16	<b>Kohl's Capital One</b> <b>PO Box 2983</b> <b>Milwaukee WI 53201-2983</b>	Last 4 digits of account number: 5347  When was the debt incurred?	\$284.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim relates to a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction	
4.17	<b>Mahany Welding Supply Co.</b> <b>115 Fedex Way</b> <b>Rochester, NY 14624</b>	Last 4 digits of account number:  When was the debt incurred? 2011	\$1.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim relates to a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Possible personal liability on a corporate account (NM Squared, Inc. dba Panorama Night Club)	
4.18	<b>Maines Paper &amp; Food Service</b> <b>3160 West Ridge Road</b> <b>Rochester, NY 14626</b>	Last 4 digits of account number: 2-999  When was the debt incurred? 2011	\$699.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim relates to a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Vendor: NM Squared (assumed to be a personal guarantee)	



			Total claim
4.19	<b>Midland Credit Management</b> <b>Successor to Bank of America</b> <b>PO Box 60578</b> <b>Los Angeles CA 90060-0578</b>	Last 4 digits of account number: 9146  When was the debt incurred? 2011	\$41,477.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.20	<b>Midland Funding, LLC</b> <b>Successor to GE Moneybank</b> <b>8875 Aero Dr. Suite 200</b> <b>San Diego, CA 92123</b>	Last 4 digits of account number: 7939  When was the debt incurred? 2010	\$6,217.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction; 2010 Rochester City Court #CV-012362-10 judgment, including estimated judgment interest: \$4,805; this creditor sued the debtor a second time, with the same attorney, in 2013 in Rochester City Court, #CV-11491-13,	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.21	<b>Navient</b> <b>PO Box 9635</b> <b>Wilkes Barre PA 18773-9635</b>	Last 4 digits of account number: 7382  When was the debt incurred? 2014	\$1,575.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify:	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.22	<b>Pepsi Beverages Co.</b> <b>C/o Relin, Goldstein &amp; Crane</b> <b>28 East Main St. #1800</b> <b>Rochester NY 14614</b>	Last 4 digits of account number:  When was the debt incurred? 2011	\$1.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Possible personal liability on a corporate account (NM Squared, Inc. dba Panorama Night Club)	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

			Total claim
4.23	<b>Phillips Lytle LLP</b> <b>28 East Main Street Ste. 1400</b> <b>Rochester NY 14614-1935</b>	Last 4 digits of account number:  When was the debt incurred? 2010	\$1.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Possible personal liability on a corporate account (NM Squared, Inc. dba Panorama Night Club)	
4.24	<b>Pinnacle Credit Services</b> <b>C/o Resurgent Capital Services</b> <b>PO Box 10497</b> <b>Greenville, SC 29603</b>	Last 4 digits of account number:  When was the debt incurred? 2008	\$1.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: For notification only: \$22,739 Chase Bank account, dated 2008, (acct 1863) was acquired by Pinnacle; by letter dated 6/13/2016, First National Credit Bureau, agent for Pinnacle, reported the debt was uncollectable due to statute of limitations	
4.25	<b>Pinnacle Credit Services</b> <b>625 Pilot Road Suite 2</b> <b>Las Vegas, NV 89119</b>	Last 4 digits of account number: 1125  When was the debt incurred? <2010	\$1.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: For notification only: Citibank account sold to Pinnacle; in default over 8 years; statute of limitations has run; balance per a Northland Group statement in 2014: \$66,943	

			Total claim
4.26	<b>Riverwalk Holding, LTD</b> <b>1132 Glade Road</b> <b>Colleyville TX 76034</b>  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number:  When was the debt incurred? 2010  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction; 2010 judgment (including estimated judgment interest); Note: the creditor filed a second lawsuit (same attorneys) in 2013 for	\$11,443.00
4.27	<b>Rochester Regional Health</b> <b>100 Kings Highway S</b> <b>Rochester, NY 14617</b>  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number:  When was the debt incurred? 2013  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Medical debt	\$72.00
4.28	<b>Rural Metro Medical Services</b> <b>8465 N. Pima Road</b> <b>Scottsdale, AZ 85258</b>  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: 1333  When was the debt incurred? 2015  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Medical debt	\$200.00
4.29	<b>Sears Payments</b> <b>P.O. Box 9001055</b> <b>Louisville, KY 40290-1055</b>  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: 0657  When was the debt incurred? >2009  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction	\$2,644.00

			Total claim
4.30	<b>Southern Wine &amp; Spirits</b> <b>PO Box 4705</b> <b>Syracuse NY 13221-4705</b>	Last 4 digits of account number:  When was the debt incurred? 4810	\$1.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Possible personal liability on a corporate account (NM Squared, Inc. dba Panorama Night Club)	
4.31	<b>State Insurance Fund</b> <b>199 Church Street</b> <b>New York NY 10007-1173</b>	Last 4 digits of account number: 044-5  When was the debt incurred? 2011	\$442.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Worker's Compensation insurance: NM Squared, Inc.	
4.32	<b>Strong Memorial Hospital</b> <b>PO Box 5325</b> <b>New York, NY 10087-5325</b>	Last 4 digits of account number:  When was the debt incurred? 2013-2017	\$756.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Medical debt	
4.33	<b>Synchrony Bank Lowe's</b> <b>PO Box 530914</b> <b>Atlanta, GA 30353-0914</b>	Last 4 digits of account number: 6998  When was the debt incurred? >2009	\$844.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Consumer loan, credit card or other consumer transaction	

			Total claim
4.34	<b>Time Warner Cable</b> <b>PO Box 70872</b> <b>Charlotte NC 28272-0872</b>	Last 4 digits of account number: 15-03  When was the debt incurred? 2011	\$1.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Possible personal liability on a corporate account (NM Squared, Inc. dba Panorama Night Club)	
4.35	<b>Total Sports Experience</b> <b>880 Elmgrove Road</b> <b>Rochester, NY 14624</b>	Last 4 digits of account number:  When was the debt incurred? 2011	\$1.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Possible personal liability on a corporate account (NM Squared, Inc. dba Panorama Night Club)	
4.36	<b>Wischmeyer, William</b> <b>C/o Welch, Donlon &amp; Czarples</b> <b>8 Denison Parkway East Ste.</b> <b>203</b> <b>Corning NY 14830</b>	Last 4 digits of account number:  When was the debt incurred? 2015	\$1.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another (Mark C. Foley)		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NON-PRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify: Pending car accident lawsuit; no amount specified in the complaint;	

**Part 3: List Others to Be Notified for a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Parts 1 or 2, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Internal Revenue Service**  
**PO Box 219690**  
**Kansas City MO 64121-9690**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 2.1 of (Check one):  
☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims  
Last 4 digits of account number: \_\_\_\_\_

**EOS CCA**  
**Agent for ACM**  
**300 Canal View Blvd. Ste 130**  
**Rochester NY 14623**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.1 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Last 4 digits of account number: 7858

**Central Credit Services, Inc.**  
**Agent for American Express**  
**PO Box 2090**  
**St. Charles MO 63302-2090**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.2 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Last 4 digits of account number: 1003

**Jaffe & Asher LLP**  
**Attorneys for American Express**  
**600 Third Avenue**  
**New York NY 10016**

**Capital One**  
**PO Box 30285**  
**Salt Lake City UT 84130-0285**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.5 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Last 4 digits of account number: \_\_\_\_\_

**Forster & Garbus**  
**Attorneys for Capital One**  
**PO Box 9030**  
**Commack NY 11725-9030**

**Transworld Systems Inc.**  
**Agent for Culley Marks**  
**PO Box 15520**  
**Wilmington DE 19850-5520**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.9 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Last 4 digits of account number: 0516

**Discover Bank**  
**DB Servicing Corporation**  
**PO Box 3025**  
**New Albany, OH 43054-3025**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.11 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Last 4 digits of account number: \_\_\_\_\_

**Selip & Stylianou, LLP**  
**Atty for Discover**  
**PO Box 9004**  
**Woodbury NY 11797-9004**

**Monroe County Sheriff**  
**Civil Bureau - Department IX**  
**130 S. Plymouth Avenue Rm 100**  
**Rochester NY 14614-1408**

**Relin, Goldstein & Crane**  
**Atty for Empire Merchants North**  
**28 East Main St. #1800**  
**Rochester NY 14614**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.12 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Last 4 digits of account number: \_\_\_\_\_

<b>IC Systems</b> <b>Agent for Dr. Mark Goldgeier</b> <b>444 Hwy 96 E</b> <b>St. Paul MN 55127-2557</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.14</u> of (Check one): [ ] Part 1: Creditors with Priority Unsecured Claims [X] Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number: <u>0556</u>
<b>Advantage Assets II, Inc.</b> <b>1000 N West St. Ste 1200</b> <b>Wilmington, DE 19801</b>  <b>LTD Financial Services</b> <b>Agent for Advantage Assets II</b> <b>7322 Southwest Freeway Ste 1600</b> <b>Houston TX 77074-2053</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): [ ] Part 1: Creditors with Priority Unsecured Claims [X] Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number: <u>6095</u>
<b>RGS</b> <b>Agent for Kohl's Capital One</b> <b>PO Box 852039</b> <b>Richardson TX 75085-2039</b>  <b>Qualia Collection services</b> <b>Agent for Kohl's Capital One</b> <b>PO Box 4699</b> <b>Petaluma CA 94955-4699</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): [ ] Part 1: Creditors with Priority Unsecured Claims [X] Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number: <u>5347</u>
<b>Forster &amp; Garbus</b> <b>Attorneys for Midland Funding</b> <b>PO Box 9030</b> <b>Commack NY 11725-9030</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.20</u> of (Check one): [ ] Part 1: Creditors with Priority Unsecured Claims [X] Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number: <u>7939</u>
<b>First National Collection Bureau</b> <b>Agent for Pinnacle</b> <b>610 Waltham Way</b> <b>Sparks NV 89434</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.24</u> of (Check one): [ ] Part 1: Creditors with Priority Unsecured Claims [X] Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number: _____
<b>Northland Group Inc.</b> <b>Agent for Pinnacle</b> <b>P.O. Box 390846</b> <b>Minneapolis, MN 55439</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.25</u> of (Check one): [ ] Part 1: Creditors with Priority Unsecured Claims [X] Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number: <u>1125</u>
<b>Malen &amp; Associates, PC</b> <b>Atty for Riverwalk Holding</b> <b>123 Frost St. St. 203</b> <b>Westbury NY 11590</b>  <b>Frontline Asset Strategies</b> <b>Agent for Chase/Riverwalk</b> <b>1935 West County Rd B2, Ste. 425</b> <b>Roseville MN 55113-2797</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): [ ] Part 1: Creditors with Priority Unsecured Claims [X] Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number: _____
<b>CBCS</b> <b>Agent for Rochester General</b> <b>PO Box 164060</b> <b>Columbus OH 43216-4060</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.28</u> of (Check one): [ ] Part 1: Creditors with Priority Unsecured Claims [X] Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number: _____

Revenue Recovery Corporation  
Agent for Rural Metro Medical  
PO Box 2698  
Knoxville TN 37901-2698

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.29 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Last 4 digits of account number: 1333

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

**6 Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.**

			Total claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$178,933.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
	6e. Total. Add lines 6a through 6d	6e.	\$178,933.00

			Total claim
Total claims from Part 2	6f. Student loans	6f.	\$1,575.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$145,532.00
	6j. Total. Add lines 6f through 6i.	6j.	\$147,107.00



Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
--	---

2.1	Name and address: Sprint	Cell phone, iPad (both leased)
-----	--------------------------	--------------------------------

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106H

## Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No  
☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse, or legal equivalent

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

- 3.1 Name and address:  
Mark C. Foley

☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line 4.37 (Wischmeyer lawsuit)  
☐ Schedule G, line \_\_\_\_\_

- 3.2 Name and address:  
NM Squared Inc. (out of business)

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line (several; see E/F)  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1	Fill in your employment information.	Employment	Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	
	Include part-time, seasonal, or self-employed work.	Occupation	Property manager	
	Occupation may include student or homemaker, if it applies.	Name of Employer	RocRooms & Rentals	
		Address of employer (Street, City, State, Zip)	1736 Mt. Hope Ave. Rochester NY 14620	
		How long employed there?	5 yrs	

### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse		
2	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. <b>Based on YTD, but see line 13, below</b>	2	\$2,397.00		
3	Estimated and list monthly overtime pay	3	included +		
4	Calculate gross income. Add line 2 + line 3	4	<table><tr><td>\$2,397.00</td><td></td></tr></table>	\$2,397.00	
\$2,397.00					

		For Debtor 1	For Debtor 2 or non-filing spouse		
	<b>Copy line 4 here</b> ..... →	4	\$2,397.00		
5	<b>List all payroll deductions:</b>				
	5a. <b>Tax, medicare, and Social Security deductions</b>	5a	\$314.00		
	5b. <b>Mandatory contributions for retirement plans</b>	5b	\$0.00		
	5c. <b>Voluntary contributions for retirement plans</b>	5c	\$0.00		
	5d. <b>Required repayments of retirement fund loans</b>	5d	\$0.00		
	5e. <b>Insurance</b>	5e	\$0.00		
	5f. <b>Domestic Support obligations</b>	5f	\$0.00		
	5g. <b>Union dues</b>	5g	\$0.00		
	5h. <b>Other deductions</b> (Specify:	5h	\$0.00		
6	<b>Add the payroll deductions:</b> add lines 5a + b + c + d + e + f + g + h	6	\$314.00		
7	<b>Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7	\$2,038.00		
8	<b>List all other income regularly received:</b>				
	8a <b>Net income from rental property and from operating a business, profession, or farm:</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	\$0.00		
	8b <b>Interest &amp; dividends</b>	8b	\$0.00		
	8c <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive.</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	\$0.00		
	8d <b>Unemployment compensation</b>	8d	\$0.00		
	8e <b>Social Security</b>	8e	\$0.00		
	8f <b>Other government assistance that you regularly receive.</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f	\$0.00		
	8g <b>Pension or retirement income.</b>	8g	\$0.00		
	8h <b>Other monthly income</b>	8h	\$0.00		
9	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9	\$0.00		
10	<b>Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$2,038.00	\$0.00	= \$2,038.00
11	<b>State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11	
12	<b>Add the combined total, line 10, to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies.	12			\$2,038.00
13	<b>Do you expect an increase or decrease within the year after you file this form?</b>	Combined monthly income			
	[ ] No [X] Yes: Explain: Debtor anticipates changing jobs; is now only part-time				

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1 Describe your Household

**1. Is this a joint case?**

☒ No. Go to line 2.

☐ Yes. **Does Debtor 2 live in a separate household?**

☐ No ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

☒ No ☐ Yes. Fill out this  
information for each  
dependent. . .

Dependent's relationship to  
Debtor 1 or Debtor 2

Age of  
Dependent

Does dependent live  
with you?

**3. Do your expenses include expenses of people other than  
yourself and your dependents?**

☒ No  
☐ Yes

### Part 2 Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of  
such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

**Your Expenses**

4.	<b>The rental or home ownership expenses for your residence.</b> Include first mortgage payments and any rent for the ground or lot.	4.	\$666.00
<b>If not included in line 4:</b>			
4a.	Real estate taxes	4a.	\$0.00
4b.	Property, homeowner's, or renter's insurance	4b.	\$0.00
4c.	Home maintenance, repair, and upkeep expenses	4c.	\$50.00
4d.	Homeowner's association or condominium dues	4d.	\$0.00
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	\$0.00
6.	<b>Utilities</b>	6a.	\$200.00
6a.	Electricity, heat, natural gas		
6b.	Water, sewer, garbage collection	6b.	\$30.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$150.00
6d.	Other. Specify:	6d.	\$0.00
7.	<b>Food and housekeeping supplies</b>	7.	\$200.00
8.	<b>Childcare and children's education costs</b>	8.	\$0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	\$125.00

10.	<b>Personal care products and services</b>	10.	\$50.00
11.	<b>Medical and dental expenses</b>	11.	\$425.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	\$50.00
14.	<b>Charitable contributions and religious donations</b>	14.	\$25.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	15a.	\$0.00
	15a. Life insurance		
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	15c.	\$101.00
	15d. Other insurance. Specify:	15d.	\$0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$0.00
17.	<b>Installment or lease payments:</b>	17a.	\$0.00
	17a. Car payments for Vehicle 1		
	17b. Car payments for Vehicle 2	17b.	\$0.00
	17c. Other. Specify:	17c.	\$0.00
	17d. Other. Specify:	17d.	\$0.00
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18.	\$0.00
19.	<b>Other payments you make to support others who do not live with you.</b>	19.	\$0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	20a.	\$0.00
	20a. Mortgages on other property		
	20b. Real estate taxes	20b.	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00
21.	<b>Other.</b> Specify:	21.	\$0.00
22.	<b>Calculate your monthly expenses.</b>		
	22a. Add lines 4 through 21.	22a.	\$2,272.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$0.00
	22c. 22c. Add line 22a and 22b. The result is your monthly expenses	22c.	\$2,272.00
23.	<b>Calculate your monthly net income.</b>		
	23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a.	\$2,038.00
	23b. Copy your monthly expenses from line 22c above.	23b.	\$2,272.00
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$0.00
24.	<b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes         Explain here: Debtor is seeking health insurance		

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106DEC

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Nicole M. Miller

Signature of Debtor 1

Executed on 12/14/2017

MM / DD / YYYY

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 106DEC

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1 Give Details About Your Marital Status and Where You Lived Before

- What is your current marital status?**  
☐ Married  
☒ Not married
- During the last 3 years, have you lived anywhere other than where you live now?**  
☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.
- Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

### Part 2 Explain the Sources of Your Income

- Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,373.00		
<b>For last calendar year: (January 1 to December 31, 2016)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$32,139.00		
<b>For the calendar year before that: (January 1 to December 31, 2015)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$30,484.00		

- Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.  
☒ No  
☐ Yes. Fill in the details.

### Part 3 List Certain Payments You Made Before You Filed for Bankruptcy



6. **Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

- ☐ No. No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No.  
☐ Yes. List all payments to an insider.

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No.  
☐ Yes. List all payments that benefited an insider.

**Part 4 Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No.  
☒ Yes. Fill in the details.

Case title and case number	Nature of the case	Court or agency name and address	Status of the case
William Wischmeyer v. Nicole M. Miller & Mark C. Foley 3022/17	Car accident claim	Monroe County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Foley v. Miller 15-11603	Divorce	Monroe County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?** Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No.  
☐ Yes. Fill in the details.

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

☒ No.

☐ Yes.

## Part 5 List Certain Gifts and Contributions

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

☒ No.

☐ Yes. Fill in the details for each gift.

14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

☒ No.

☐ Yes. Fill in the details for each gift or contribution.

## Part 6 List Certain Losses

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

☒ No.

☐ Yes. Fill in the details.

## Part 7 List Certain Payments or Transfers

16. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No.

☒ Yes. Fill in the details.

Name, address and website of Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Peter Scribner, Esq. 1110 Park Avenue Rochester NY 14610 scribnerbankruptcy.com	Attorney fee and filing fee payment	11/20/17	\$ 1,535
Person Who Made the Payment, if Not You: _____		_____	\$ _____
		_____	\$ _____

Name, address and website of Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
DebtHelper.com 1325 N Congress Ave., #201 West Palm Beach, FL 33401	Pre-bankruptcy consumer credit counseling review	11/2017	\$ 24
Person Who Made the Payment, if Not You: _____			

17. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

☒ No.

☐ Yes. Fill in the details.

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No.

☐ Yes. Fill in the details.

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)  
[X] No.  
[ ] Yes. Fill in the details.

## Part 8 List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  
[X] No.  
[ ] Yes. Fill in the details.
21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**  
[X] No.  
[ ] Yes. Fill in the details.
22. **Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**  
[X] No.  
[ ] Yes. Fill in the details.

## Part 9 Identify Property You Hold or Control for Someone Else

23. **Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**  
[X] No.  
[ ] Yes. Fill in the details.

## Part 10 Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. **Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**  
[X] No.  
[ ] Yes. Fill in the details.
25. **Have you notified any governmental unit of any release of hazardous material?**  
[X] No.  
[ ] Yes. Fill in the details.
26. **Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**  
[X] No.  
[ ] Yes. Fill in the details.

## Part 11 Give Details About Your Business or Connections to Any Business

27. **Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**
- [ ] A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
  - [ ] A member of a limited liability company (LLC) or limited liability partnership (LLP)
  - [ ] A partner in a partnership
  - [ ] An officer, director, or managing executive of a corporation
  - [ ] An owner of at least 5% of the voting or equity securities of a corporation
- [X] No. None of the above applies. Go to Part 12.  
[ ] Yes. Check all that apply above and fill in the details below for each business

28. **Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

☒ No.  
☐ Yes. Fill in the details.

## Part 12 Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X**

/s/ Nicole M. Miller

Signature of Debtor 1

Date 12/14/2017

MM / DD / YYYY

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

☒ No  
☐ Yes

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

☒ No  
☐ Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.  
Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: NONE	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		

### Part 2: List Your Unexpired Personal Property Leases

2. For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. §365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: NONE	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	

### Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

/s/ Nicole M. Miller

Signature of Debtor 1

Date 12/14/2017

Fill in this information to identify your case and this filing:

Debtor 1	Nicole	M.	Miller
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Western District of New York

Case number: 17-2

☐ Check if this is an  
amended filing

Peter Scribner, Esq., pursuant to Rule 2016(b) of Bankruptcy Rules, states that:

1. I am the attorney for the Debtor in this case.
2. The compensation agreed to be paid by the Debtor to me for basic bankruptcy services is:
  - a) \$1,700.00 for legal services rendered or to be rendered in contemplation of and in connection with this case.
  - b) The amount of \$1,200.00 was paid by the Debtor prior to filing this statement.
  - c) The unpaid balance, if any, is \$500.00 (motion to avoid liens)
3. **\$335.00** of the filing fee has been paid.
4. The services rendered or to be rendered include the following:
  - (a) Analysis of the financial situation, and rendering advise and assistance to the Debtor in determining whether to file a petition under title 11 of the United States Code.
  - (b) Preparation and filing of the petition, schedules, statements of affairs, plans, and other documents of the court.
  - (c) Representing the Debtor at the section 341 meeting, plan confirmation hearings, and discharge/reaffirmation hearings;
  - (d) Removal of garnishments or wage assignments;
  - (e) Negotiate valuation of secured claims.
  - (f) Representation of the Debtor in any proceedings or negotiations for any motions to reaffirm debts, to redeem exempt personal property from liens, to abandon or clear title to real property, or to avoid judicial liens on property of the Debtor.
5. The services rendered or to be rendered for the above amount do not include representation of the Debtor in any adversary proceeding; state court action or proceeding; objections to claims; motions to amend the petition, schedules or statements to comport with developments after the 341 meeting; motions to lift the automatic stay; court hearings required to determine valuation of secured property or claims; or trustee proceedings to sell property.
6. The source of the payments made by the Debtor to me was from wages, earnings and compensation for services performed.
7. The source of payments to be made by the Debtor to me for the unpaid balance remaining will be from wages, earnings and compensation for services performed.
8. I have received no transfer, assignment or pledge of property.
9. I have not shared or agreed to share with any other entity, other than with my law firm, any compensation paid or to be paid.

Dated: December 14, 2017

Respectfully submitted: /s/ Peter Scribner

PETER SCRIBNER, ESQ.

1110 Park Ave.; Rochester, NY 14610 (585) 261-6461

Seterus  
PO Box 11790  
Newark NJ 07101-4790

Internal Revenue Service  
Insolvency Section  
Post Office Box 7346  
Philadelphia, PA 19101-7346

Internal Revenue Service  
PO Box 219690  
Kansas City MO 64121-9690

NYS Dept. of Taxation & Finance  
Bankruptcy Unit  
PO Box 5300  
Albany NY 12205-0300

ACM Medical Laboratories  
160 Elmgrove Park  
Rochester, NY 14624

EOS CCA  
Agent for ACM  
300 Canal View Blvd. Ste 130  
Rochester NY 14623

American Express Centurion Bank  
4315 S. 2700 West  
Salt Lake City UT 84184

Central Credit Services, Inc.  
Agent for American Express  
PO Box 2090  
St. Charles MO 63302-2090

Jaffe & Asher LLP  
Attorneys for American Express  
600 Third Avenue  
New York NY 10016

ASCAP  
PO Box 331608  
Nashville TN 37203-7515

Borg & Ide Imaging  
PO Box 1279  
Buffalo NY 14240-1279

Capital One Bank  
PO Box 71107  
Charlotte NC 28272-1107

Capital One  
PO Box 30285  
Salt Lake City UT 84130-0285

Forster & Garbus  
Attorneys for Capital One  
PO Box 9030  
Commack NY 11725-9030

Cintas Rochester  
2005 Brighton Henrietta Townline  
Rochester, NY 14623

Citizens Bank  
Customer Service Department  
PO Box 7092  
Bridgeport, CT 06601

Clipper Magazine  
3708 Hempland Road  
Mountville, PA 17554

Culley Marks Tanenbaum  
36 Main Street West Suite 500  
Rochester, NY 14614

Transworld Systems Inc.  
Agent for Culley Marks  
PO Box 15520  
Wilmington DE 19850-5520

Culligan  
1475 N. Clinton Ave.  
Rochester NY 14621

Discover Bank  
PO Box 71084  
Charlotte NC 28272-1084



Discover Bank  
DB Servicing Corporation  
PO Box 3025  
New Albany, OH 43054-3025

Selip & Stylianou, LLP  
Atty for Discover  
PO Box 9004  
Woodbury NY 11797-9004

Monroe County Sheriff  
Civil Bureau - Department IX  
130 S. Plymouth Avenue Rm 100  
Rochester NY 14614-1408

Empire Merchants North, LLC  
200 Dunn Road  
Lyons NY 14489

Relin, Goldstein & Crane  
Atty for Empire Merchants North  
28 East Main St. #1800  
Rochester NY 14614

Firestone  
Credit First NA  
PO Box 81344  
Cleveland OH 44188-0344

Goldgeier, Mark; MD  
Building A, Suite 200  
919 Westfall Rd  
Rochester, NY 14618

IC Systems  
Agent for Dr. Mark Goldgeier  
444 Hwy 96 E  
St. Paul MN 55127-2557

Home Depot Credit Services  
PO Box 9001010  
Louisville KY 40290-1010

Advantage Assets II, Inc.  
1000 N West St. Ste 1200  
Wilmington, DE 19801

LTD Financial Services  
Agent for Advantage Assets II  
7322 Southwest Freeway Ste 1600  
Houston TX 77074-2053

Kohl's Capital One  
PO Box 2983  
Milwaukee WI 53201-2983

RGS  
Agent for Kohl's Capital One  
PO Box 852039  
Richardson TX 75085-2039

Qualia Collection services  
Agent for Kohl's Capital One  
PO Box 4699  
Petaluma CA 94955-4699

Mahany Welding Supply Co.  
115 Fedex Way  
Rochester, NY 14624

Maines Paper & Food Service  
3160 West Ridge Road  
Rochester, NY 14626

Midland Credit Management Inc.  
Successor to Bank of America  
PO Box 60578  
Los Angeles CA 90060-0578

Midland Funding, LLC  
Successor to GE Moneybank  
8875 Aero Dr. Suite 200  
San Diego, CA 92123

Forster & Garbus  
Attorneys for Midland Funding  
PO Box 9030  
Commack NY 11725-9030

Navient  
PO Box 9635  
Wilkes Barre PA 18773-9635

Pepsi Beverages Co.  
C/o Relin, Goldstein & Crane  
28 East Main St. #1800  
Rochester NY 14614

Phillips Lytle LLP  
28 East Main Street Ste. 1400  
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